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PTO/SB/21 (08-00)

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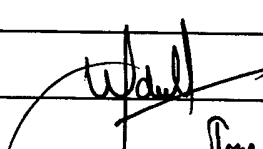
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|--|----------------------|------------------------|----------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/042,460             |          |
|  | Filing Date          | March 16, 1998         |          |
|  | First Named Inventor | Gregg B. Morin, et al. |          |
|  | Group Art Unit       | 1636                   |          |
|  | Examiner Name        | Sumesh Kaushal         |          |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | 019/224P |

**ENCLOSURES** (check all that apply)


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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Associate Power of Attorney (1 page) |
| Remarks <input style="width: 100%;" type="text"/>   |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | J. Michael Schiff, Registration No. 40,253  |
| Signature               |  |
| Date                    | June 19, 2002   |

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**Associate Power of Attorney**

|                        |                                       |
|------------------------|---------------------------------------|
| Application Number     | 09/042,460                            |
| Filing Date            | March 16, 1998                        |
| First Named Inventor   | Gregg B. Morin, et al.                |
| Title                  | Mouse Telephone Reverse Transcriptase |
| Group Art Unit         | 1898                                  |
| Examiner Name          | Sumesh Kaushal                        |
| Attorney Docket Number | D18/224P                              |

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☒ I am an Attorney of Record in this application

SIGNATURE on behalf of the Attorneys of Record

Name

William M. Smith

Signature

[Signature]

Date

4/29/02